Indirect Budget Attachment 4G

# **Facility Recharge Rate Form Instructions**

All data is required for each Facility Recharge rate that you are requesting.

### 01 Description:

This section identifies the Facility Management Unit Recharge that the rate is supporting.

- **FMU #:** Specify the Facility Management Unit Number of the Facility Recharge rate being requested.
- Responsible Organization: Identify the organization (division or program office) requesting the Facility Recharge rate.
- **Responsible Individual:** Specify the individual within the organization that is responsible for this Facility Recharge.
- Program Code (XF): Note the program code that will be used to track the costs associated with this Facility Recharge.
- **Effective Date:** Specify the date that this Facility Recharge rate is expected to be implemented. For most Facility Recharges, this will be 10/1/96.

#### 07 Estimated Cost:

This section provides cost data related to the proposed Facility Recharge rate.

- Work Package No.: Identify the work package number. This number can be obtained directly from the related work package form.
- **WP Title:** Indicate the title of the program/work package.
- **FY96 \$k:** Indicate the FY96 dollars for this work package. This number can be obtained directly from the related work package form.
- **FY97 \$k:** Indicate the FY97 dollars for this work package. This number can be obtained directly from the related work package form.
- **Totals:** Total the work packages related to this Facility Recharge rate for both the FY96 \$k and FY97 \$k columns.

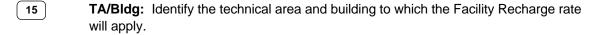
#### [ 13 ] Estimated Cost Distribution:

This section provides information on the recovery related to the Facility Recharge operations (i.e., what will be billed to users and how much revenue is anticipated to be generated).

Tenant: Identify the tenant organization to which the Facility Recharge rate will apply.

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## **Facility Recharge Rate Form Instructions (continued)**



- Number of Sq. Ft.: Specify the number of square feet that you anticipate recharging in FY97.
- Estimated FY97 Distribution: Indicate the amount of revenue you anticipate collecting at the proposed rate.
- **Unit Rate:** Indicate the unit rate that you propose billing for this Facility Recharge. For example, this would be your total FY97 \$k divided by the Number of Sq. Ft.
- **Total:** Total the estimated FY97 distribution column. This should equal your Number of Sq. Ft. times your Unit Rate. It should also equal your FY97 \$k requested funding.
- Narrative: Provide as attachments the three narratives requested for each Facility Recharge rate request.
- Approval: For each rate request, obtain the signature of the appropriate business team leader and the division director/technical manager (or responsible manager) before submittal to BUS-3.